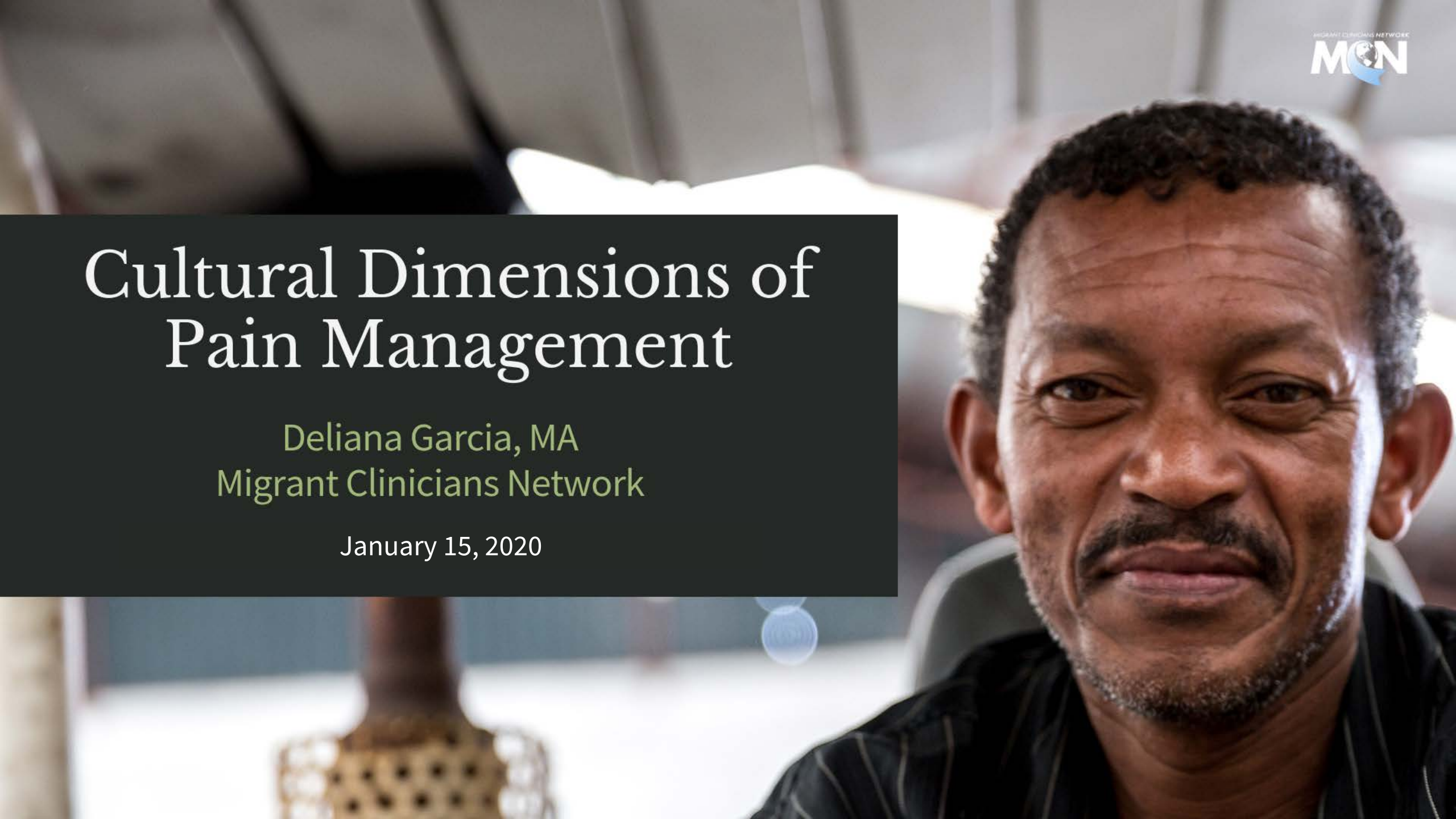

Cultural Dimensions of Pain Management

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Conflict of Interest Disclosure

We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers and/or other corporations whose products or services are related to pertinent therapeutic areas.

Learning Objectives

1. Explore difference responses to pain among individuals based on culture, gender, age and other characteristics.
2. Discuss cultural attitudes toward pain medication.
3. Address ways in which clinics and providers can approach pain management in a culturally appropriate manner.

Pain is a subjective phenomenon that often defies objective medical assessment, it is particularly susceptible to social psychological influences, such as stereotypes.

What do we want?

- ✓ Bridge patient's goals with medical options
- ✓ Address all aspects of pain and suffering: physical, emotional, spiritual, social
- ✓ Maximize quality of life
- ✓ Assist in search for meaning
- ✓ Help to achieve goals, dreams, aspirations

Does your health center use a standard instrument to assess pain?

Disparities in Pain

- Sex, race/ethnic, and age differences in pain have been reported in clinical and experimental research.
- Gender role expectations have partly explained the variability in sex differences in pain
- One's expectations of the pain experience of another person are influenced by the stereotypes one has about different genders, races, and ages.
- Racial and ethnic disparities in pain perception, assessment, and treatment were found in all settings (i.e., postoperative, emergency room) and across all types of pain (i.e., acute, cancer, chronic nonmalignant, and experimental).

More on Pain Disparities…

- The sources of pain disparities among racial and ethnic minorities are complex, involving patient (e.g., patient/health care provider communication, attitudes), health care provider (e.g., decision making), and health care system (e.g., access to pain medication) factors.
- Pain is a subjective phenomenon that often defies objective medical assessment, it is particularly susceptible to social psychological influences, such as stereotypes.
- Chronic pain patients have been identified as generally vulnerable to undertreatment,
- Racial/ ethnic minorities represent a particularly vulnerable subgroup.

Do you include family members in treatment planning and discussions about pain?

Patient Perspectives

Latino patients:
"The Ríos family"
Multigenerational and complex

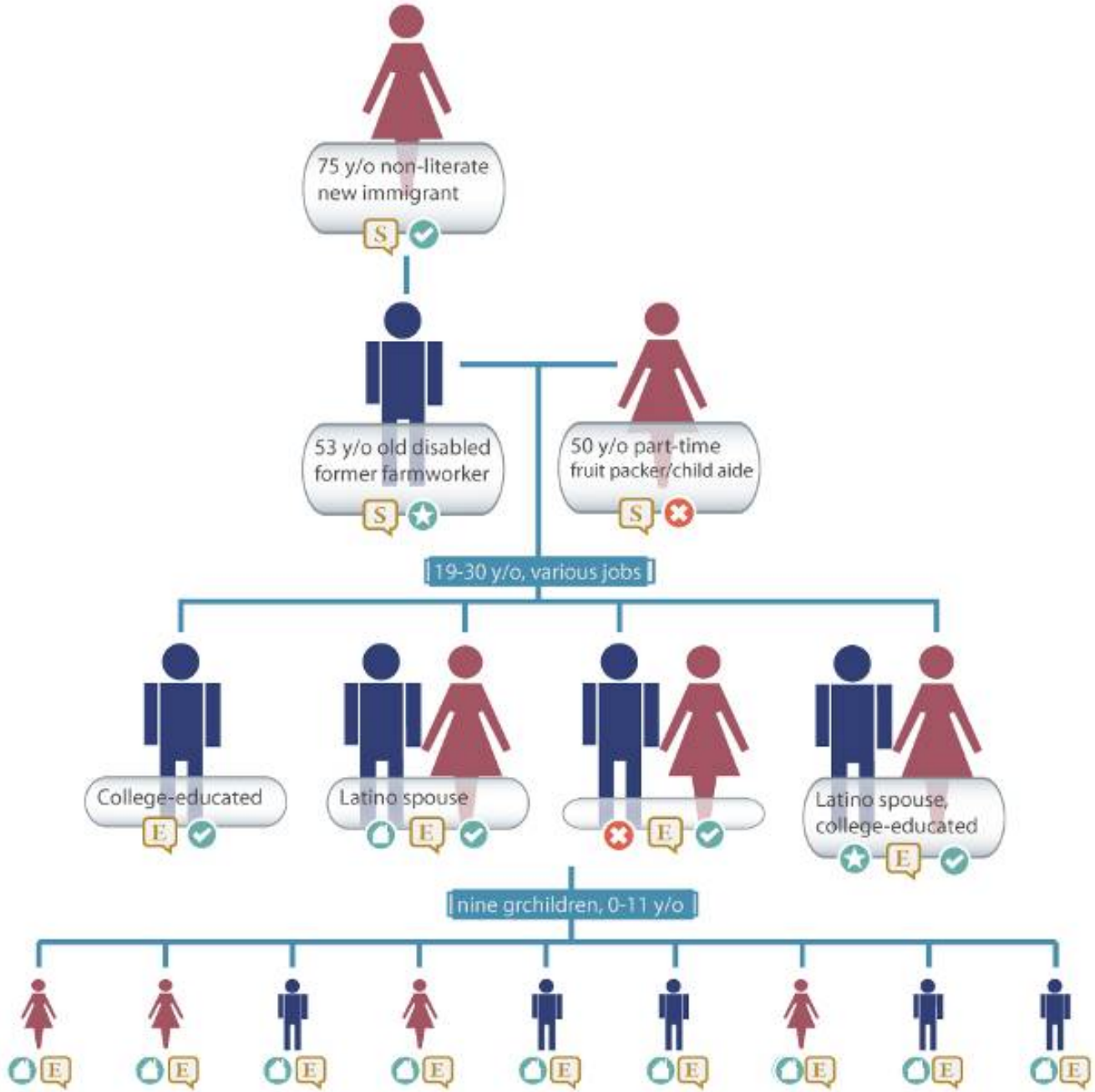


Photo courtesy of Jorge Quinteros

“Señor Ríos”

53 y/o disabled former farmworker

- Spanish preferred
- Naturalized US citizen, 35 yrs
- From a pueblo near Leon, MX
- Injured on the job 7 years ago; uninsured
- Herniated disc dx’d 3 years ago; recent exacerbations and complications; now in wheelchair; 3 ER visits past 7 mos.

“Señor Ríos / Mr. Ríos”

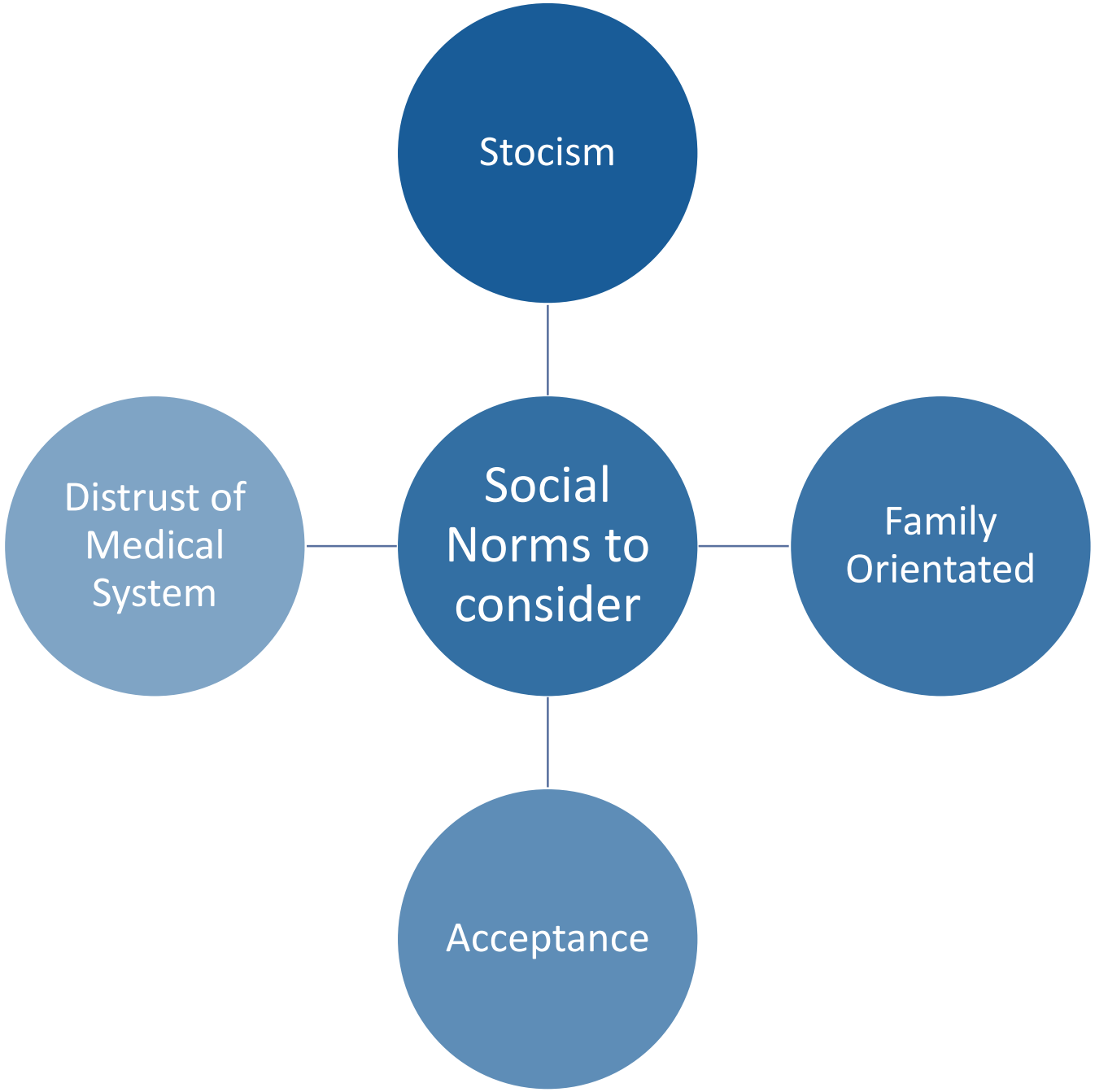
- He is not on Medicare nor SSI. Applied 3 mos ago. How long until determination?
- He’s not on Medicaid – state plan shrank, not covering adults w/o dependent children.
- Family can’t afford High Risk Pool coverage.
- Primary care home = community health center.
- Local hospital provides some charity coverage.

“Señor Ríos / Mr. Ríos”

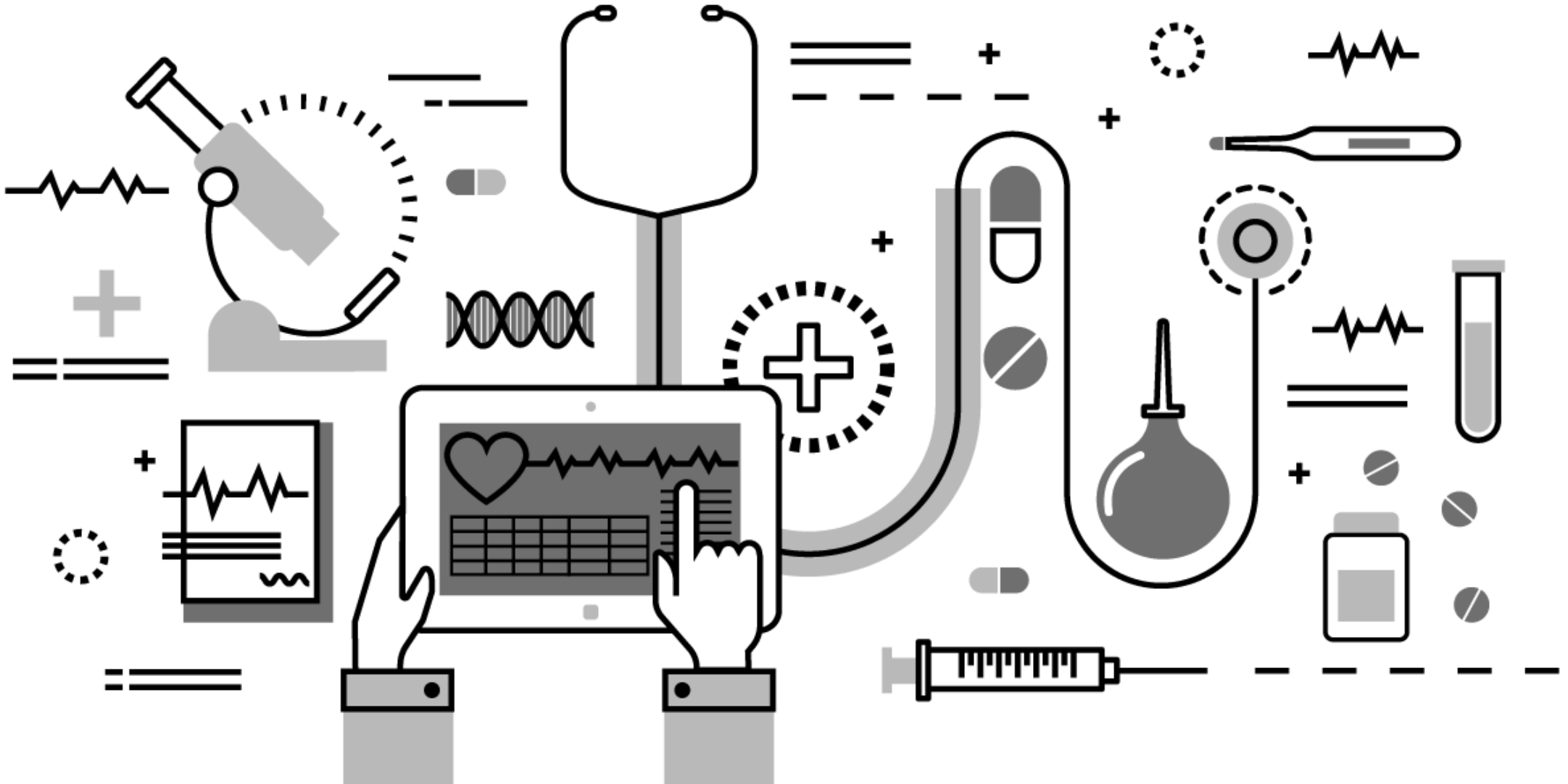
He may feel:

- “I want everything done.”
- “I don’t want to leave my family in debt.”
- “This is a punishment I must accept.”
- “This is unfair, after how hard I’ve worked.”

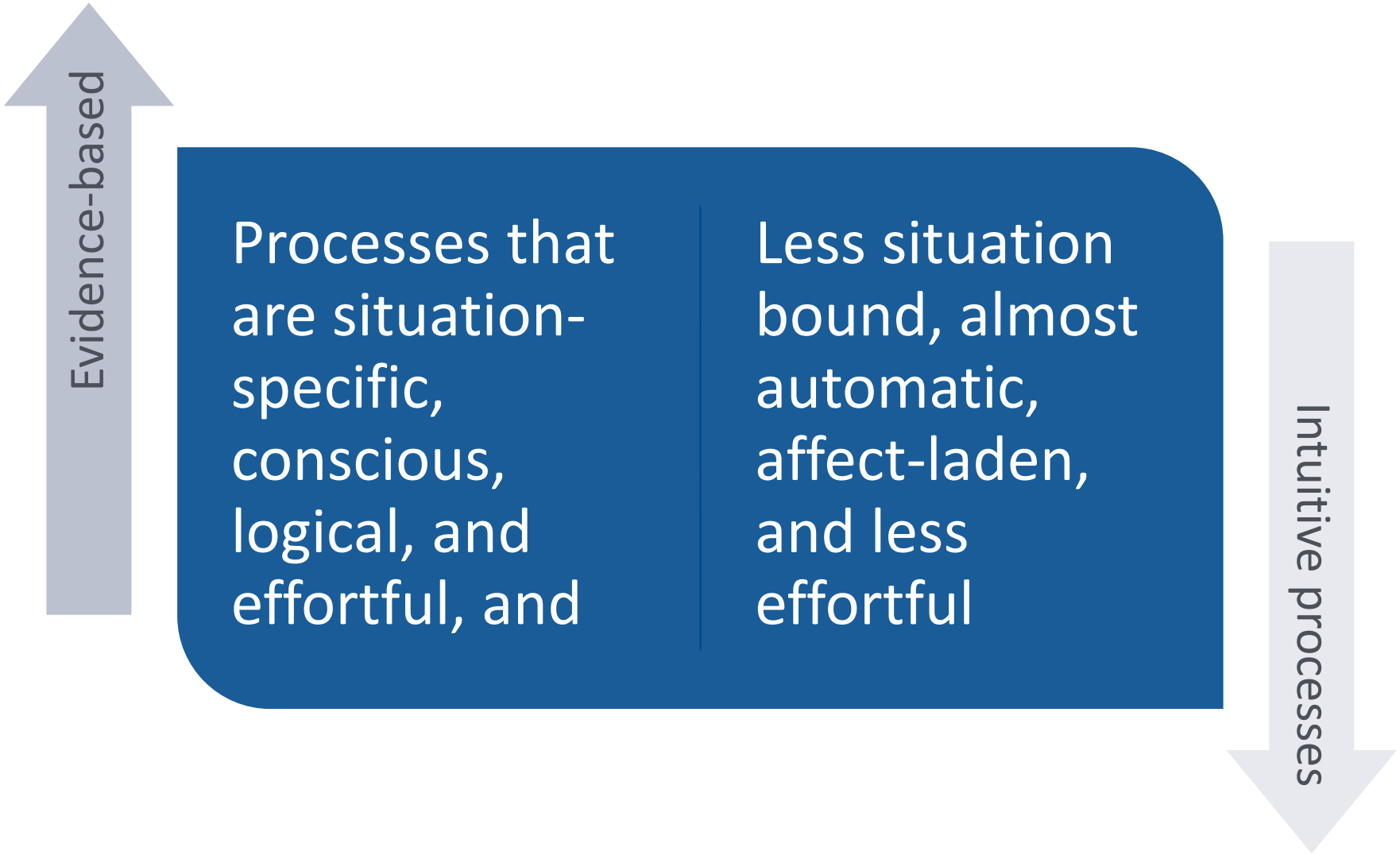
He may need, but deny that he needs, interpretation/translation. He may not complain of pain.


Stocism
Distrust of Medical System
Social Norms to consider
Family Orientated
Acceptance

Systemic Issues

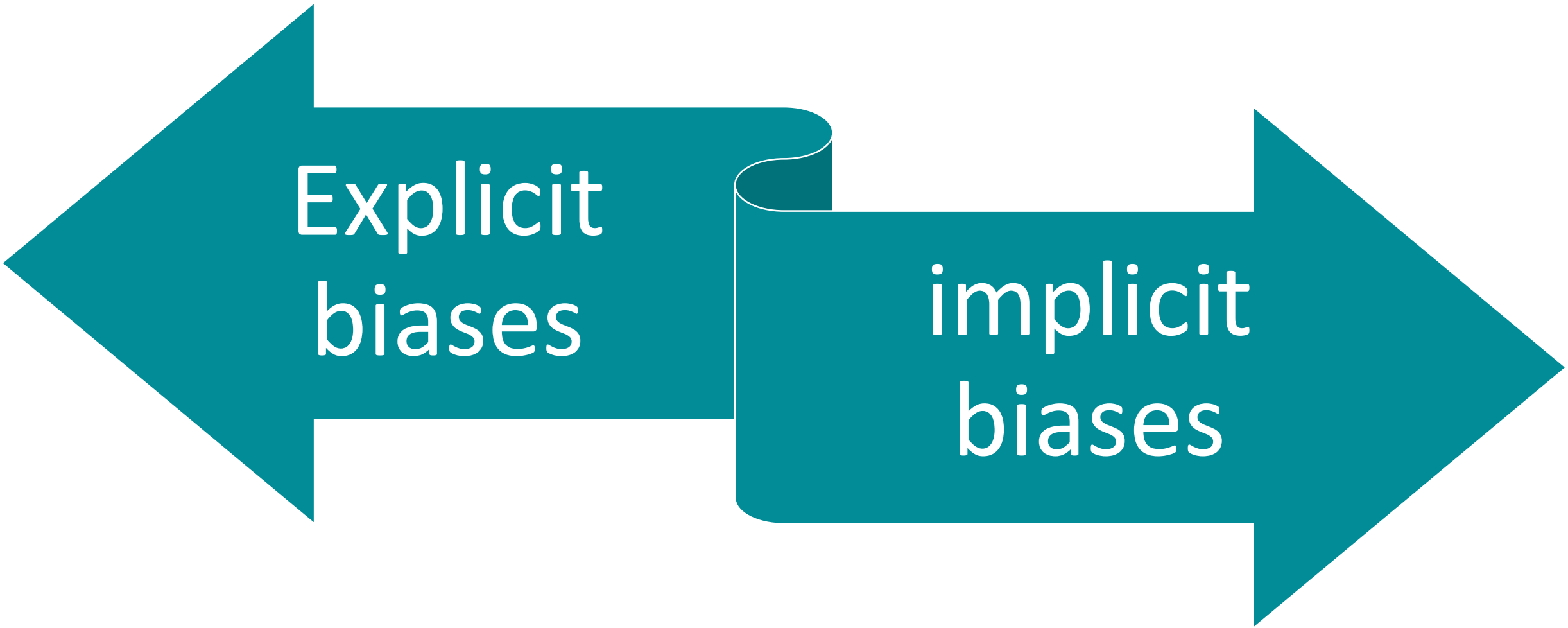


Clinical Judgement



Sterotypes

A shorthand way of characterizing a group of people that shares a given attribute, such as race or ethnicity.


Explicit biases
implicit biases

Pain and Race

Communication

Patient Provider Communication Studies

Interventions improve patient–provider communication and treatment effectiveness when the likely impact of pain on the patients is better understood and communicated

- ✓ patient-focused study, minority and nonminority cancer patients received pain communication training post training levels of pain decreased significantly from pretraining levels for all patients, the greatest decreases were found for minority patients
- ✓ provider-focused approach, students who were trained in perspective taking, an important component of empathy, demonstrated less of a pro-White bias in empathy and in treatment recommendations than did students who did not receive such training

Language

While only limited research has examined LEP and pain care, there is abundant evidence that LEP is in general a barrier to adequate health care

- minority patients have been found to be less active in their communications when the encounter is race-discordant
- more active with race-concordant providers, and
- likely to report more distressing pain to a race-concordant observer

Empathy

Chronic Pain

Have you ever doubted a patient’s report of pain?

Self-Reporting

- Pain reported to be of high severity can occasion uncertainty regarding the validity of the self-report,
- possibly because severe pain presents implicit demands on a provider, and
- possibly because such reports violate social norms favoring stoicism.
- In the face of uncertainty, latent/implicit stereotypes may be activated
  - advantaging patients who fit positive stereotypes (e.g., pro-White),
  - Disadvantaging patients who do not (e.g., Blacks), and potentially impacting the latter group adversely

Typical practices and beliefs

- Spirituality, faith, strong belief in power of prayer, sanctified or personalized objects
- Fatalism, resignation, stoicism
- Christians a very large majority in all nationalities

Current Guidelines for Pain Management

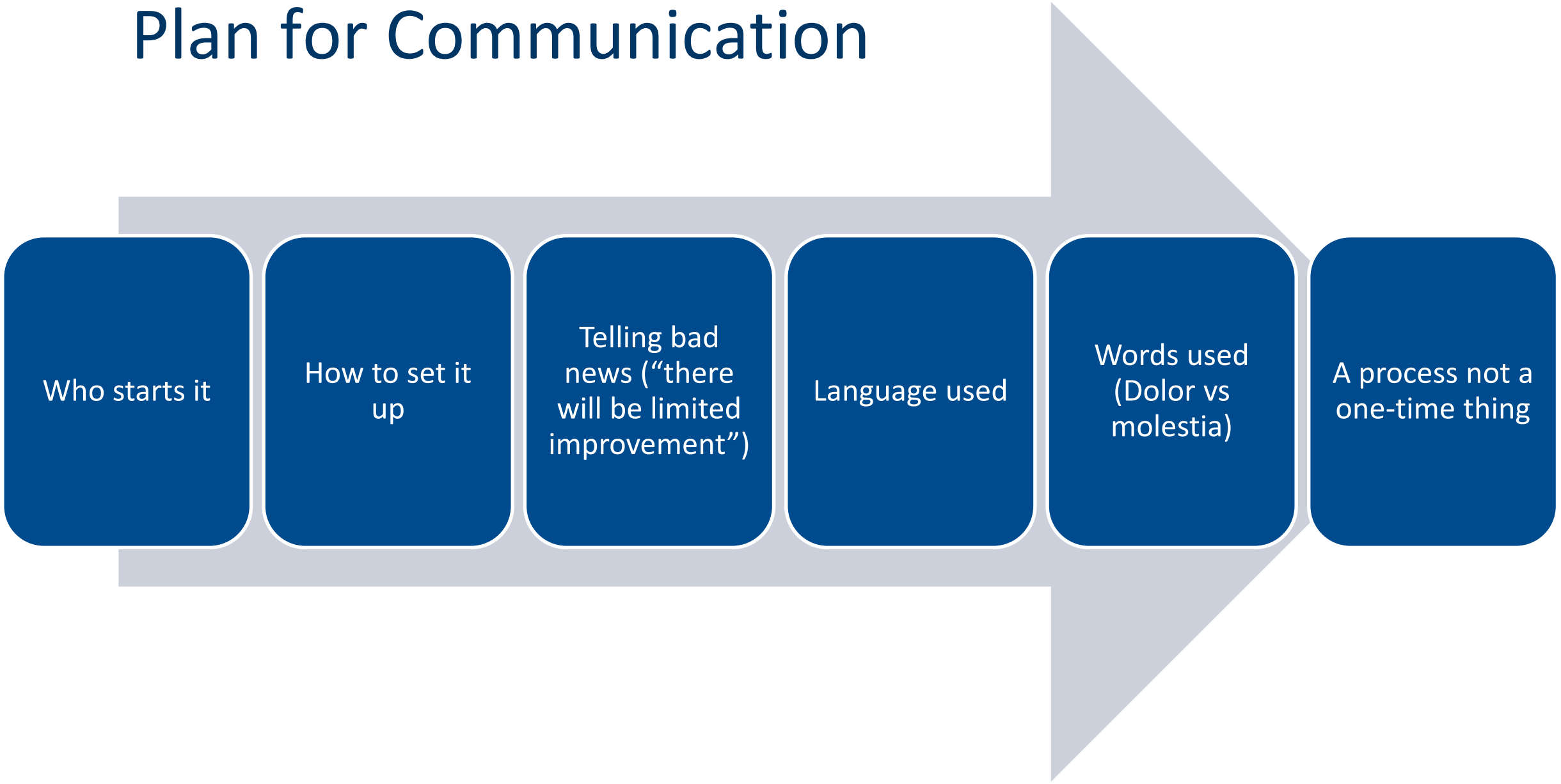
- Prompt recognition and treatment of pain,
- Involvement of patients in the pain management plan,
- Improvement of treatment patterns,
- Reassessment and adjustment of the pain management plan as needed, and
- Monitoring processes and outcomes of pain management.

American Pain Society recommendations for improving the quality of acute and cancer pain management, 2005

What Works?

Photo © Kate Bero

Plan for Communication



Communication

- Listen
- Listen actively some more
- Avoid lines that set up adversarial relationships
- Find common goals
- Listen some more

Possible Symptoms from Pain Medication Use

- Constipation
- Nausea
- Feeling high (euphoria)
- Slowed breathing rate
- Drowsiness
- Confusion
- Poor coordination
- Increased dose required for pain relief
- Worsening or increased sensitivity to pain with higher doses (hyperalgesia)

Pain communication training

Perspective taking training

Cultural humility/ responsibility training

Identify what we need to learn

- *Range of* beliefs and practices about pain and use of drugs for relief
- Preferred/acceptable terminology and approaches (dolor vs molestia)
- Aversions, potential offenses
- Obstacles, fears (inc. of utilizing care)
- Family/ partners to help disseminate information
- Knowledge of existing resources

Remember family conferences!

Remember sub-family conferences!

Questions?

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